



Room Nine K-8 Community School

Shoreline School District
17077 Meridian Ave. N.
Shoreline, WA 98133

Student's Last Name

Application for Enrollment

Grade Level Fall 2008

NOTE: Please fill out a separate application for each student. Application must be signed by both adults if applicable. Mail or deliver to the Room Nine Community School office.

Student Information:

Student's Name: Last _____ First _____ MI _____
Birth Date _____ (Circle One) Male/Female Home Phone _____
Street address _____
City _____, WA, Zip _____

Please check all the services the student has received/programs the student has attended in previous school settings:

District outside of Shoreline _____
IEP _____ Speech _____ ELL _____ PT/OT _____ Highly Capable _____
Home Education Exchange _____ Other _____

Shoreline School District Attendance Area School: _____
Current School (if different from above) _____

Parent/Guardian Information:

Parent/Guardian #1 Name: Last _____ First _____
Street address _____
City _____, WA, Zip _____ Home Phone _____
Cell #: _____ Email Address _____

Parent/Guardian #2 Name: Last _____ First _____
*Street address _____
*City _____, WA, Zip _____ *Home phone: _____
*Cell # _____ *Email Address _____
*If different from above

Signatures:

____ I/We have read the Room Nine Community School Mission Statement & agree to support its mission.

____ I/We have completed the questions on the reverse side of this page.

Parent/Guardian Signature(s): _____, _____

Date: _____

Please answer the questions on the back

For school use only:

Date Application received _____ Date Visit Day attended _____ Lottery Number _____

Date Placement offered: _____ (Circle one: Accepted Declined)

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Please reflect on your interest in applying to the Room Nine Community School by answering the following questions. (Questions 1 & 2 to be completed by parent/guardian. Questions 3 & 4 to be filled out by students in grades 5-8.)

Parent/Guardian

1. What draws you to the Room Nine Community School?

2. What would you like us to know about your child?

Student (grades 5-8)

1. Why are you interested in the Room Nine Community School for your school experience?

2. What would you like us to know about you?

Please mail or deliver your completed application to the Room Nine Community School office:

**Registrar
Room Nine Community School
2800 NE 200th
Shoreline, WA 98155**